



**HORRY COUNTY GOVERNMENT**

**TITLE VI COMPLAINT FORM**

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

NAME, POSITION AND DEPARTMENT OF PERSON WHO DISCRIMINATED AGAINST YOU:

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

POSITION \_\_\_\_\_

LOCATION \_\_\_\_\_

PLEASE IDENTIFY ANY WITNESSES TO THE DISCRIMINATION AND PROVIDE CONTACT INFORMATION IF AVAILABLE:

WITNESS NAME \_\_\_\_\_

PHONE \_\_\_\_\_

WITNESS NAME \_\_\_\_\_

PHONE \_\_\_\_\_

WITNESS NAME \_\_\_\_\_

PHONE \_\_\_\_\_

DATE(S) OF DISCRIMINATION COMPLAINED OF \_\_\_\_\_

I WAS DISCRIMINATED AGAINST BECAUSE OF (CHECK ONE):

\_\_\_ RACE \_\_\_ COLOR \_\_\_ NATIONAL ORIGIN

PLEASE EXPLAIN WHAT HAPPENED DESCRIBING HOW YOU WERE DISCRIMINATED AGAINST AND WHO WAS INVOLVED. BE SURE TO INCLUDE HOW OTHER PERSONS WERE TREATED DIFFERENTLY THAN YOU. ATTACH ANY WRITTEN MATERIAL YOU MAY HAVE THAT SUPPORTS YOUR CLAIM OF DISCRIMINATION.

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**Please return this form to: Horry County Government Title VI Coordinator, Human Resources Department, PO Box 997 Conway, SC 29526 Phone: 843-915-5230 Fax: 843-915-6230**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_